APPLICATION FOR THE MARGUERITE ROSS BARNETT
MEMORIAL SCHOLARSHIP PROGRAM 2004-2005 ACADEMIC YEAR
Application Deadline: April 1, 2004

Note: This program is based on demonstrated financial need; therefore, the applicant must submit the 2004-05
Free Application for Federal Student Aid (FAFSA) by March 1 to meet the Marguerite Ross Barnett Program
application deadline of April 1, 2004.

DHE
MISSOURI
DEPARTMENT OF HIGHER EDUCATION

3515 Amazonas Drive
Jefferson City, MO 65109
(800) 473-6757 or (573) 751-3940
www.dhe.mo.gov

NOTE ➤ PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION (see the back of this page).

I. STUDENT APPLICANT   *Please print neatly or type. Read the instructions carefully.*

1. LAST NAME	FIRST NAME	MI	2. SOCIAL SECURITY NUMBER

3. PERMANENT HOME ADDRESS	CITY	STATE	ZIP CODE

4. HOME TELEPHONE NUMBER

(   )

5. U.S. CITIZENSHIP STATUS (check one – see instructions)

   A. ❑ U.S. CITIZEN/NATIONAL

   B. ❑ ELIGIBLE NON-CITIZEN   ALIEN REGISTER NUMBER _____

6. DATE OF BIRTH

MONTH _____ DAY _____ YEAR _____

7. ARE YOU PLANNING TO ENROLL IN A COURSE OF STUDY LEADING TO AN UNDERGRADUATE DEGREE IN THEOLOGY OR DIVINITY (RELIGION)?

❑ YES ❑ NO

8. NAME OF THE APPROVED MISSOURI SCHOOL YOU PLAN TO ATTEND

9. SIGNATURE OF THE APPLICANT (NOTE: YOUR SIGNATURE AUTHORIZES THE MDHE TO VERIFY YOUR EMPLOYMENT WITH YOUR EMPLOYER.)   DATE

II. EMPLOYER

10. NAME OF EMPLOYER

ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
				( )

11. IS THE APPLICANT EMPLOYED AND COMPENSATED FOR 20 OR MORE HOURS PER WEEK?

❑ YES ❑ NO

12. BEGINNING DATE OF EMPLOYMENT

   MONTH _____ DAY _____ YEAR _____

13. SIGNATURE OF EMPLOYER REPRESENTATIVE	PRINT OR TYPE NAME AND TITLE	DATE

III. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL

14. NAME OF SCHOOL	TELEPHONE NUMBER
	( )

15. SEMESTER OF ENROLLMENT FOR WHICH THE SCHOLARSHIP IS BEING REQUESTED (check only one)

❑ FALL 2004 (AUGUST – DECEMBER)   OR   ❑ SPRING 2005 (JANUARY – MAY)

16. IS THE APPLICANT ENROLLED, OR INTENDING TO ENROLL, AS A PART-TIME STUDENT?

❑ YES ❑ NO

(A) NUMBER OF CREDIT HOURS FOR THE SEMESTER ENROLLMENT _____ (B) AMOUNT OF TUITION FOR THE NUMBER OF CREDIT HOURS $_____

17. HAS THE APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE OR COMPLETED 150 SEMESTER CREDIT HOURS?

❑ YES ❑ NO

18. IS THE APPLICANT A MISSOURI RESIDENT?	19. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS?
❑ YES ❑ NO	❑ YES ❑ NO
20. TOTAL COST OF ATTENDANCE	21. EXPECTED FAMILY CONTRIBUTION
22. TOTAL FINANCIAL AID AWARDED	23. FINANCIAL NEED (ITEM 20 MINUS ITEM 21 MINUS ITEM 22 = NEED)

24. SIGNATURE OF THE STUDENT FINANCIAL AID ADMINISTRATOR	PRINT OR TYPE NAME	DATE

MO 555-0186 (1/04)   NOTE: THE EMPLOYER AND THE SCHOOL MAY PHOTOCOPY COMPLETED APPLICATION

– OVER –

PRIVACY ACT NOTICE

Your Social Security number is being requested on this form pursuant to the authority of section 173.262, RSMo, subject to the provisions of section 7 of the Federal Privacy Act of 1974, Pub. L. 93-579.

You do not have to disclose your Social Security number. You will not be denied any right, benefit, or privilege provided by law in regard to the Marguerite Ross Barnett Memorial Scholarship Program if you refuse to disclose your Social Security number on the application. If you do disclose your Social Security number, that number will be used to verify your identity and used as an account number (identifier number) to record necessary data accurately. As an identifier, the Social Security number is used in such program activities as determining program eligibility and certifying school attendance and student status.

INSTRUCTIONS

This program is based on demonstrated financial need; therefore the applicant must submit the Free Application for Federal Student Aid (FAFSA) by March 1 to meet the Marguerite Ross Barnett Memorial Scholarship Program application deadline of April 1, 2004.

SECTION I. Student Applicant (Items 1-9).

APPLICANT'S CERTIFICATION: I, the applicant, certify that the information contained in Section I of this application is true, complete, and correct to the best of my knowledge. My signature authorizes the MDHE to verify my employment with my employer. I agree that if I withdraw or reduce the number of credit hours during the school's refund period, I hereby authorize the school to pay to the MDHE any refund due up to the amount of any award made to me as the result of this application. I certify that the proceeds of any award made as a result of this application will be used for educational purposes for the enrollment period covered by this application at the school, and I understand that I must be employed and compensated for twenty (20) or more hours per week and enrolled as a part-time student at the time the proceeds are available for disbursement.

ITEM 1: Full Name. Enter your full name (last name, first name, and middle initial).

ITEM 2: Social Security Number. (Read the Privacy Act Notice before completing this item.) Enter your nine (9) digit Social Security number.

ITEM 3: Permanent Home Address. Enter your permanent home address. Include your street number, RFD or post office box, city, state, and zip code. A temporary address is not acceptable.

ITEM 4: Home Telephone Number. Enter your permanent home telephone number including area code. If you do not have a permanent home telephone number, enter "none."

ITEM 5: U.S. Citizenship Status. Check (A) if you are a U.S. citizen or a resident of American Samoa or Commonwealth of the Northern Mariana Islands or the Trust Territory of the Pacific Islands. Check (B) if you are a permanent resident alien with an Alien Registration Receipt Card (Form 1-151 or 1-551), an alien with a Form 1-94 Arrival-Departure Record endorsed "refugee" or "adjustment applicant," "indefinite parole," "conditional entrant," or have documentation from the Immigration and Naturalization Service that you have been granted asylum in the U.S. If you check (B), you must fill in your Alien Registration Receipt Card. If you cannot check (A) or (B), you are not eligible for a scholarship. If you are in the U.S. only on an F1 or F2 student visa or a J1 or J2 exchange visitor visa, you are not eligible for a scholarship.

ITEM 6: Date of Birth. Enter your date of birth. You must be eighteen (18) years of age or older to be eligible.

ITEM 7: Theology or Divinity Degree. No award shall be made under section 173.262, RSMo to any applicant who is enrolled or who intends to use the award to enroll in a course of study leading to a degree in theology or divinity (religion).

ITEM 8: Name of Missouri School You Plan to Attend. Enter the name of the approved Missouri school you are interested in attending, at which you have been accepted, or in which you are enrolled. The school must be an approved Missouri school.

ITEM 9: Signature of Applicant. Enter your signature and the date the application was completed. Your signature certifies you have read, understood, and agreed to the conditions stated in the "Applicant's Certification."

SECTION II. Employer (Items 10-13). This section should be completed by an official from the employer at which the applicant is employed.

EMPLOYER'S CERTIFICATION: I certify that the information provided in Section II is true, complete, and correct to the best of my knowledge.

ITEM 10: Name and Address of the Employer. Enter the complete name, address (street, city, state, and zip code), and telephone number of the employer at which the applicant is employed.

ITEM 11: Applicant's Employment Status. Applicant must be employed and compensated for twenty (20) or more hours per week to be eligible for the scholarship.

ITEM 12: Beginning Date of Employment. Enter the date on which the applicant began employment with the employer.

ITEM 13: Signature of Employer's Representative. Enter the authorized signature of the employer's representative completing the application along with the representative's title and the date the application was completed. Your signature certifies that you have read and understood the conditions stated in the "Employer's Certification."

SECTION III. Student Financial Aid Office of the School (Items 14-24). This section should be completed by the student financial aid office at the school the applicant will be attending.

SCHOOL CERTIFICATION: I certify that the information provided in Section III is true, complete, and correct to the best of my knowledge.

ITEM 14: Name of School. Enter the complete official name and telephone number of the school.

ITEM 15: Semester of Enrollment. Check the semester for which the scholarship is being requested. Check only one (1) semester.

ITEMS 16(A) and 16(B): Applicant's Enrollment Status. Enter the applicant's intended enrollment status for the semester for which the scholarship is being requested (the semester indicated in item 15). The applicant must be enrolled as a part-time student in a degree program to be eligible for the scholarship. Part-time enrollment is defined as less than full-time but at least half-time as determined by the school. (A) Enter the actual number of credit hours for which the applicant plans to, or has, enrolled. (B) Enter the actual amount of tuition for the total number of credit hours enrolled. **NOTE:** If fall semester credit hours and tuition data are reported, the applicant's spring semester enrollment status and data will be collected on the institution's spring enrollment/payment roster for the scholarship program. The amount of tuition should be the per credit hour cost based on the institution's comprehensive fee schedule. The amount of the scholarship award will be the least of the actual undergraduate part-time tuition assessed at the approved institution, the amount of part-time tuition assessed a Missouri undergraduate resident in the same class level (freshman, sophomore, junior, or senior) at the University of Missouri-Columbia, or the applicant's financial need that is demonstrated in item 23 on this application.

ITEM 17: Previous Baccalaureate Degree or Completed 150 Semester Credit Hours. Indicate whether the applicant has earned a previous baccalaureate degree or has completed a total of at least 150 semester credit hours. If a student has earned a previous baccalaureate degree or completed 150 or more semester credit hours, the applicant is not eligible to receive benefits under this scholarship.

ITEM 18: Applicant's State of Permanent Residence. The applicant must be a permanent resident of Missouri to be eligible for the scholarship.

ITEM 19: Satisfactory Academic Progress. The applicant must maintain satisfactory academic progress as defined by the school to be eligible for the scholarship.

ITEM 20: Total Cost of Attendance. Enter the applicant's total cost of attendance for the academic year in which the student is enrolled part-time. The cost of attendance should include tuition, fees, room and board, books and supplies, personal expenses, and transportation while enrolled part-time.

ITEM 21: Expected Family Contribution. Enter the applicant's expected family contribution as calculated by the federal needs analysis formula determined from the Free Application for Federal Student Aid (FAFSA).

ITEM 22: Total Financial Aid Awarded. Enter the total amount of student financial aid that has been or will be awarded to the applicant for the academic year in which the student is enrolled part-time. The financial aid should include all scholarship, grant, work, and loan programs awarded by the institution from any federal, state, institutional, or private source.

ITEM 23: Total Financial Need. Enter the applicant's total financial need by subtracting the applicant's expected family contribution and the total financial aid awarded from the applicant's total cost of attendance.

ITEM 24: Signature of the Financial Aid Administrator. Enter the authorized signature of the financial administrator completing the scholarship application and the date the application was completed. Your signature certifies that the applicant named in Section I is accepted for enrollment or intends to enroll, is in good standing as a part-time student, is making satisfactory academic progress at the school and has been determined to be eligible for the Marguerite Ross Barnett Memorial Scholarship Program.